

FIRST STEPS TRAINING ANNOUNCEMENT

FIRST STEPS SERVICE COORDINATION

PLEASE READ CAREFULLY:

- Questions regarding the personnel requirements for First Steps, should be directed to your regional Technical Assistance Team.
- Regulations require that every Individual wishing to provide First Steps Service Coordination complete the Interim SC and IFSP Process training, and within six months, a one day follow-up training (total of five days).
- After completion of the first four days of service coordinator training, interim certification will permit you to temporarily provide and bill for Service Coordination within First Steps.
- A fifth day of follow-up training is required to receive permanent certification as a Service Coordinator. This must be completed within six months.
- During the interval between trainings, the interim SC will be required to complete assignments, observe IFSP meetings, and practice SC. These assignments require the use of the First Steps Policies and Procedures Manual and CBIS forms. Therefore, it is the responsibility of the registrant to obtain copies of the aforementioned material and bring to each day of training. This material can be downloaded from the Internet. More detailed instructions as to this material will be included in the confirmation letter.
- Registration is accepted only after approval from your Program Consultant. To register please complete this form after approval is given and fax or mail. Call Jeannie Bourg at (502) 564-3756 ext. 3763 to verify your registration was received.
- Confirmation of registration will be emailed to you. This will verify the dates you are registered and location. You must attend the training in its entirety to receive credit.

FIRST STEPS TRAINING ANNOUNCEMENT / REGISTRATION

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PLEASE PRINT CLEARLY AND COMPLETE ALL INFORMATION. FAILURE TO DO SO WILL RESULT IN FORFEITING REGISTRATION. BE SURE YOUR NAME AND PROVIDER'S NAME ARE CONSISTANT WITH WHAT WILL APPEAR ON THE PROVIDER ENROLLMENT FORM. INCONSISTENCIES WILL DELAY THE ABILITY FOR THIS PERSON TO PROVIDE FIRST STEPS SERVICES.

Name: _____

Service Provider Name (e.g. *Independent, ABC Intervention*):

Provider Number: _____ (if you will be working for an agency or individual who already has a number)

Address: _____

Phone: _____ Fax: _____

E-mail: _____

<u>Day One/Day Two</u>	<u>Day Three/Day Four</u>	<u>Day Five</u>
Feb 1, 2 Maysville	Feb 23, 24 Lexington	Apr 27 Lexington

MAIL TO: Cabinet for Health and Family Services
DPH – ACHI – Early Childhood Development Branch
Attn: Jeannie Bourg
275 East Main Street HS2W-C
Frankfort, KY 40621

FAX TO: Attn: Jeannie Bourg 1-502-564-8389